

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		<i>09/28/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>Hc</i>	<i>513</i>	<i>10-3-00</i>
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	<i>057</i>	<i>11/14/00</i>
			<i>4/6/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>7/9</i>
2	<i>7/13</i>
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Claim	Date
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Post Available Copy

If more than 150 claims or 10 actions  
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